



AGENCY PERSONNEL FOR AUTHORIZING SECURITY FOR PEOPLESFT APPLICATIONS

OFFICE OF MANAGEMENT AND BUDGET
SFN 54417 (8-2005)

Agency Name	Business Unit
Division (if applicable)	Effective Date

The following people have my permission to authorize security changes for the above name agency:

Name	Signature	Telephone Number

Authorized and Signed By:

Agency Administrator	Date Signed
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